



Adult Safeguarding Policy & Procedure

Introduction

Adult Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted. This includes, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

The aim of this Policy and Procedure is to ensure the safety of adults at risk by outlining procedures that all staff and volunteers within Nantwich Buddies are clear about, as well as their responsibilities within those procedures.

Within the services provided by Nantwich Buddies, adults at risk could be present in any group or session, at any time so this policy is applicable throughout all of our activities and provision.

1. Definition of Vulnerable Adult/Adult at risk

An adult at risk is a person aged 18 or over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs), and
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

This may include a person who:

- is an older person who is frail due to ill health, physical disability or cognitive impairment;
- has a learning disability;
- has a physical disability and/or a sensory impairment /or communication difficulty i.e. autism
- has mental health needs including dementia or a personality disorder;
- has a long-term illness/condition;
- misuses substances or alcohol;
- lacks capacity to make specific decisions to make particular decisions

2. Equality and Diversity

People using our services have a wide variety of needs and characteristics that may require special consideration. These include age, race, ethnicity, religion, culture, sexual orientation, (dis)ability and social difference. It is important that the diverse needs of those being supported are explicitly considered when making decisions regarding their care and protection.

Throughout the processes contained in this policy it is essential that staff and volunteers clearly evidence and record such considerations have been made. All communication with individuals and their families/carers must be appropriate to their level of understanding.

3. What is abuse?

Abuse of an adult can take many forms. Abuse is a violation of an individual's human and civil rights by any other person or persons. It can take a variety of forms and can be both overt and covert. The following list is not exhaustive, but is illustrative of the kinds of abuse that might be experienced. A full list can be found at Appendix A.

- Physical
- Domestic Abuse
- Psychological
- Sexual abuse
- Financial or material abuse
- Modern Slavery and Human Trafficking
- Neglect & Acts of Omission
- Discrimination abuse
- Organisational abuse
- Self-Neglect

4. Signs of abuse in vulnerable adults (this list is not exhaustive)

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing
- Person is not attending appointments
- Someone losing or gaining weight / an unkempt appearance
- A change in the behaviour or confidence of a person.
- Self-harming.
- Fear of a particular group or individual
- Disclosure: tell you / another person they are being abused

5. Standards

Nantwich Buddies staff and volunteers are required to:

- Have an Enhanced Disclosure and Barring Service (DBS) check when they commence employment/volunteering. Where this has not been undertaken staff/volunteers will not be allowed to support adults unless supervised by a member of staff/volunteer who has had a clear Enhanced DBS check.

- Demonstrate respect for all clients as individuals in all matters.
- Undertake relevant training in safeguarding, disclosure and diversity matters. Ask the volunteer Coordinator if they have any uncertainties about how to deal with a specific client.
- Ensure that all clients experience a suitable and supportive environment to encourage disclosure of any issues which might affect the way in which they should be treated.
- Deal with complaints of abuse, unfair treatment or harassment and bullying promptly, sensitively, confidentially and in accordance with procedures
- Ensure that all persons working/volunteering for Nantwich Buddies are made aware of this policy and procedure and are offered a briefing before any work/volunteering is undertaken or any services delivered.
- Report any incidents immediately to any relevant partners or commissioners.

6. Safeguarding Lead

The named safeguarding lead contact for Nantwich Buddies is the Volunteer Coordinator, Sara Lamond. In cases where the lead person is not available, there is an allegation against the lead person, or there is a difference of opinion with the lead person contact the Founder Liz Parkin.

The named person will have full awareness of the policy and procedure and have attended training on safeguarding endorsed by the local Safeguarding Board.

Sara Lamond
Volunteer Coordinator
07740 045159

Liz Parkin
Founder
07886 633370

7. Safeguarding Procedure

a. How to Respond to a Concern

If you think abuse has or may have occurred act immediately. It is the responsibility of the person first becoming aware of a situation where there may be an adult subject to, or at risk of, abuse to make safe and deal with the immediate needs of the person. This may mean taking reasonable steps to ensure the adult is in no immediate danger and seeking medical treatment if required as a matter of urgency.

Following a disclosure of abuse, staff and volunteers should:

- Remain calm, approachable and receptive.
- Listen carefully without interruption.
- Take care not to ask “leading “questions.
- Make it clear that you are taking what is being said seriously.
- Acknowledge you understand how difficult this may be.
- Reassure them that they have done the right thing.
- Let them know you will do everything you can to help them.
- Make a full record of what has been said, heard and/or seen as soon as possible using the adult’s own words.
- Do not discuss the allegation of abuse with the alleged perpetrator.
- If you suspect a crime has been committed, try not to disturb or destroy articles that could be potential evidence and seek Police advice at the earliest opportunity. Telephone 999 if it’s an emergency or 101 if not an emergency but state that it is a safeguarding issue.
- Do not discuss concerns or disclosures with other members of staff/volunteers other than the safeguarding lead.

b. Recording the Report of Abuse

The individual who first received/witnessed the concern should make a full written record of what was seen, heard and/or told as soon as possible after observing the incident/receiving the report. This is the ‘report of the first account’ and must be kept securely. It is important that the report is an accurate description.

This report must be made available on request from either the police and/or social care teams and should include: (SEE APPENDIX B AS A GUIDE):

- a) The allegation or concerns, including the date and time of the incident or allegation.
- b) The adult’s name, age and date of birth.
- c) The adult’s home address and telephone number.
- d) Whether or not the person making the report is expressing his or her own concerns of those of someone else, making a clear distinction between what is fact, opinion or hearsay.

- e) What the adult said about the abuse and how it occurred or what has been reported to you.
- f) The appearance and behaviour of the victim.
- g) Any injuries observed.
- h) Details of witnesses to the incidents.
- i) Has anyone else been consulted? If so, record details.
- j) Where possible referral to the police or social services should be confirmed in writing within 24 hours and the name of the contact that took the referral should be recorded.
- k) Whether any other persons are also at risk.

Talk as soon as possible to your safeguarding lead to agree the next steps.

c. Responsibilities of Safeguarding Lead

It is the responsibility of the Safeguarding Lead to:

- Decide without delay on the most appropriate course of action once the allegation or suspicion of abuse has been raised (unless 999 or 101 have already been rung).
- Deal with any immediate needs.
- Ensure that the victim of the alleged abuse is safe.
- Ensure the member of staff/volunteer is safe.
- Clarify the facts but do not discuss the allegation of abuse with the alleged perpetrator
- Check that the circumstances fall within the Safeguarding Adults procedure i.e. meeting the definition of abuse as defined in this Policy and Procedure.
- Address issues of consent and confidentiality, taking care to not promise confidentiality.

d. Deciding Whether to Refer the Alleged Abuse

A formal referral must be made on the same day as the alert is raised when:

- a crime has been, could have been, or yet could be committed.
- There is a suspicion that an abuse has taken place.
- The allegation involves a child
- The alleged perpetrator is themselves an adult at risk.
- They are unsure if abuse has taken place.

Where a decision is made NOT to refer, the alert must be recorded, with the reasons for the decision not to refer.

e. Referrals

This involves bringing the concern regarding alleged abuse or potential abuse formally to the attention of the following authorities as appropriate:

Cheshire East Adult Social Care

- ☎ Tel: 0300 123 5010**
- ☎ Tel: 0300 123 5022 (Emergency Duty Team for out of hours)**

Cheshire East Children's Social Care

- ☎ Tel: 0300 123 5012**
- ☎ Tel: 0300 123 5022 (Emergency Duty Team for out of hours)**

Contact the **Police** if you think a crime may have been committed

- ☎ Tel: 101 specify it is a safeguarding issue**
- ☎ Tel: 999 in an emergency**

The person making the referral should ideally have the following information available; however, the lack of any of this information should not delay the referral:

- Name of the adult
- Date of birth and age
- Address and telephone number
- Why the adult is considered to be at risk
- Whether consent has been obtained for the referral, and if not the reasons e.g. the adult lacks mental capacity or there is an over-riding public interest (e.g. where other adults or children are at risk)
- What the person involved has said they want to happen next (the referral needs to be made, with details of those involved even if the person has not given consent, but this needs to be included in the information given)
- Whether there are any concerns or doubts about the mental capacity of the adult at risk
- Whether the police are aware of the allegation, and whether a police investigation is underway

The designated lead should receive acknowledgement of the referral from the relevant agency, and be given feedback about what happens next. This will not always be appropriate to pass on to the person completing the first account report.

Record details of the allegation as soon as possible somewhere that can be kept secure.

APPENDIX A

FOUR KEY CATEGORIES OF ABUSE

Physical abuse

- Hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm.
- Failure to act to protect a vulnerable adult
- Misuse of medication, restraint or inappropriate physical sanctions for vulnerable adults

Psychological Abuse

- Persistent psychological ill-treatment that causes severe and persistent adverse effects on emotional development.
- Conveying to a vulnerable adult that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person.
- Threats of harm or abandonment
- Overprotection and limitation of exploration and learning, or preventing the vulnerable adult participating in normal social activities
- Coercive and controlling behaviour
- Unreasonable/unjustified withdrawal of services or support networks for vulnerable adults
- Some level of emotional abuse is involved in all types of ill treatment though it may occur alone.

Sexual Abuse

- Forcing vulnerable adults into sexual acts to which the adult has not consented or was pressured into consenting.

Neglect

- Persistent failure to meet a vulnerable adult's basic physical and/or psychological needs, likely to result in a serious impairment of their health; may involve a carer failing to provide adequate food, clothing, shelter; failure to protect from danger.
- Failure to ensure adequate supervision including the use of adequate caretakers,
- Failure to meet health/medical/physical care needs, care or educational services.

In addition to the 4 key categories of abuse vulnerable adults could also be exposed to:

- Modern Slavery
- Financial Abuse
- Discriminatory Abuse
- Organisational Abuse
- Self-Neglect
- Exploitation: Cuckooing
- Domestic Abuse

APPENDIX B

ADULT SAFEGUARDING PROCEDURE – RECORD OF CONCERNS

Name of adult:
Address:
Telephone No:
Family/Carers details: Name(s): Telephone No(s):
What is said to have happened or what was seen?
When and where did it occur?
Who else, if anyone, was involved and how?
What was said by those involved?
Were there any obvious signs e.g., bruising, bleeding changed behaviour?

Was the adult able to say what happened, if so, how did they describe it?
Who has been told about it and when?
Does the family/carer know?
Has consent been given for the referral?
What does the adult want to happen next?

Signed

Date